

**CITY OF LINCOLN**  
**Ameritas/EyeMed Vision Plan**  
**Effective November 1, 2004**

**Plan Benefits**

	<b><u>PPO Benefit</u></b>	<b><u>Maximum Non-PPO Benefit</u></b>
Comprehensive Exam - Annual	100%	\$35.00
<b><u>Lenses – Per Pair - Annual</u></b>		
Single Vision	100%	\$ 25.00
Bifocal	100%	\$ 40.00
Trifocal	100%	\$ 55.00
Lenticular	100%	\$ 55.00
Standard Progressive	100%	\$ 55.00
Contacts Necessary	\$250.00	\$100.00
Contacts Elective	\$115.00	\$100.00
<b><u>Frames - Every 12 Months</u></b>	\$100.00	\$ 45.00

If you select a frame that costs more than \$100.00, you will receive a 20% discount on the amount over \$100.00.

**CO-PAYS – Annual**

Exam	\$10
Lenses	\$0
Frames	\$0

**Cost Per Month**

	<b><u>Full Cost</u></b>	<b><u>Estimated cost after tax savings*</u></b>
Employee	\$ 8.38	\$ 5.87
Employee & Spouse	\$15.92	\$11.14
Employee & Child(ren)	\$16.76	\$11.73
Employee, Spouse & Child(ren)	\$25.14	\$17.60

\*Based on 30% tax savings including Federal, State and FICA taxes.

### **Vision Insurance – A Low Cost Benefit**

You can assure yourself of getting all or a majority of your premium back in the form of benefits if you have an annual exam.

For example, if you have a comprehensive eye exam, the approximate cost would be \$90.00. Your benefit would be at the least \$80.00 (\$90.00 – Co-Pay of \$10.00).

If you enroll in the plan, your annual net cost would be about \$70.44 (\$5.87 x 12). By utilizing the plan to pay for your eye exam, your benefit is about equal to your annual cost. If you use the plan to obtain lenses and frames, your benefits will be even greater. This same comparison can be done if dependents are included.

### **Section 125 – Enrollment Commitment**

This policy is provided as part of a Section 125 plan. You and your dependents have the option under the Section 125 Plan of participating or not participating in this vision plan.

You may change your election only during an annual election period, except for a change in family status. Such events include, but are not limited to, marriage, divorce, birth of a child, death of a spouse or child, or termination of employment.

*This form is a benefit highlight, not a certificate of insurance. The coverage outlined here highlights the eye care benefits available through Ameritas Life Insurance Corp. You will receive a certificate, which will provide a more complete description of the plan after you enroll.*

You may obtain information about Participating Panel Doctors at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)

**If you have questions, contact us by:**

**Calling:**

**Local: 309-2091**  
**Long Distance: 800-659-2223 - Ext. 2091**

**or**

Using the “Contact Us” option on our website at [www.ameritasgroup.com](http://www.ameritasgroup.com)

